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ABSTRACT

This paper describes experiences from a summer internship in a North Carolina wilderness program for youth 8-18 years of age with a diagnosed learning disability or Attention Deficit Disorder (ADD). Children with ADD are trial and error learners, which makes them excellent candidates for experiential learning. Children with ADD are seekers of stimulation. They are biologically driven to look for the novel and interesting. The greater the perceived risk, the greater the sense of accomplishment. To provide students with a positive intervention, this wilderness program features success-oriented, high adventure activities with an emphasis on developing self-confidence, social skills, and problem-solving skills. The 12-day sessions include rock climbing, backpacking, and whitewater rafting, all of which are incorporated into individual treatment plans. Children with ADD have behavior problems, experience poor peer relationships, and have trouble in school. Over 80 percent are on some kind of medication. The wilderness program is set up to address problem behaviors, particularly those related to self-esteem, anger management, attention problems, noncompliance and failure to complete tasks, and motivation. Anecdotes illustrate program interventions in each of these areas. (SV)

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THERAPY IN THE MOUNTAINS

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ABSTRACT

This was a slide presentation based on the author's summer internship in therapeutic recreation. The internship was done at a North Carolina wilderness program for youth 8-18 years of age with a diagnosed learning disability and/or Attention Deficit Disorder (ADD/ADHD).

Try to think back to one of your greatest challenges. Perhaps it was a course in college or tackling a difficult ski slope or dealing with some difficult issue at work. Now.... imagine yourself as a 14 year old who has never climbed trying to rappel down a sheer cliff. The belayer is your lifeline and gently but firmly encourages you to begin your descent. It is difficult to let go but finally you do and then you're dangling in empty space. With a great deal of effort, the next thing you know, you've reached your goal - the bottom of the cliff. And then you realize there is no place else to go but back up.

Children with Attention Deficit Disorder (ADD) are "learn by doing", trial and error learners. This characteristic makes them excellent candidates for experiential learning. The risk in this wilderness program is primarily perceived risk. The safety factor is controlled and the child learns to manage risk. An intensive staff training of 2 1/2 weeks includes whitewater rescue techniques and other skills needed to maintain safe risk-oriented activities.

Children with ADD are seekers of stimulation. They are biologically driven to look for the novel and interesting. The greater the perceived risk, the greater the sense of accomplishment.

The participants in this program are 8 - 18 years of age and all have diagnosed learning disabilities and/or ADD. They have often experienced failure in the classroom setting. To provide the students with a positive intervention, this wilderness program features success-oriented, high adventure programs with an emphasis on developing self-confidence, social skills, and problem-solving skills. Many of the students fly in from all

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over the country for this unique program nestled deep in the mountains of North Carolina

Treatment plans are completed for each participant identifying areas of potential growth during the 12 day sessions. Each phase - rock climbing, backpacking, and whitewater rafting - are used as interventions. To better understand treatment goals and specific interventions, it is important to understand the characteristics and manifestations of ADD.

It's difficult to place labels on these kids -- their nature is generally caring and sensitive and many end up as caregivers. But they have a neurobiologically based problem for which many need treatment. They've often been battered around in school system and have poor peer relationships. They're the kid that's constantly in trouble. And they've built walls to protect themselves and these walls hold lots of anger and frustration.

Throughout this paper the term ADD is used. But this abbreviation refers to a broad spectrum of diagnoses and problems. In 1980, the diagnosis of Attention Deficit Disorder was formally recognized in the Diagnostic and Statistical Manual, 3rd Edition (DSMIII), the official diagnostic manual of the American Psychiatric Association (APA). This diagnosis of ADD also includes another distinct category of Attention Deficit Hyperactivity Disorder (ADHD).

CHARACTERISTICS OF ADHD:

- Inattentativeness
- Overactivity
- Impulsivity
- Interest quickly lost
- Risk seeking

The difference between ADD and ADHD is that people with ADD have difficulty with attention but not with inhibiting behavior. Instead many of them are withdrawn and are often underdiagnosed because they cause few behavior problems.

On the day of arrival, parents and students are met by a counselor as they drive in. While the student and their gear are taken to the child's cabin, the parents meet with staff for an inbriefing. This inbriefing includes a discussion of the parent's goals for their child and any particular information they want to share with staff. On last day, the parents meet again with staff for debriefing. The student's successes and difficulties are shared, with an emphasis on successes. If

particular strategies are found that work for a particular child, these are shared with the parents.

Somewhere between 80-90% of the students are on some kind of medication. On the first day, medication is collected, with administration instructions given by parents. Because of the toxicity of these medications, they are carried by the counselor at all times. Most of these medications are taken at mealtime to minimize the effect on appetite, since one of the side effects of most of them is depressed appetite. While this is done as unobtrusively as possible, there were some positive benefits for the students to not feel different, and to recognize that many of their peers and some of the staff took the same medications as them. Self-acceptance of taking medication for a chronic problem is often a difficult process.

MEDICAL TREATMENT

*1. Stimulants - ritalin, dexedrine, cylert, adderal
2. Antidepressants - imipramine, desipramine, prozac, trazodone
3. Antihypertensives - clonidine

*Drugs of choice

On a backpacking trip, Jeff* couldn't get enough to eat. He was constantly hungry. This is unusual for kids with ADD because medication tends to decrease appetite. But Jeff was on what is called a drug holiday. During the summer he could choose whether he needed his medication (ritalin) or not. He had not taken any since school had ended.

On the second day of hiking, he was having problems. From the time he got up, he began complaining constantly; on the trail he kept counting how many times he sprained his ankle and was very clumsy. Generally, an easy-going guy, he was clearly not himself. So I sat him down and gave him an orange and a bagel (at which point his eyes lit up) and told him to eat them slowly and drink water with them. After he had done this, we talked about his medication and I shared my observations of his behavior with him. I asked him if he would be willing to take his ritalin on an experimental basis and see if he felt and acted more like himself. He readily agreed and within 15 minutes after taking it, we set off down the trail and he was as content as could be, talking about how beautiful the mountains were and what a great trail we were on.

* Not student's real name

The exact cause of ADD is not known but there is a strong hereditary link. Most children with ADD have at least one parent with ADD. And there is usually a family history of other psychiatric disorders.

STATISTICS ON LD/ADD

- Up to 40% placed in Special Education
- 20-30% have learning disability
- 20-35% will repeat a grade
- 60% delayed fine motor skills
- 30% delayed gross motor skills

MANIFESTATIONS

Low self-esteem
Insensitivity to:
- rewards
- punishment
- other controls on behavior

Can exhibit severe antisocial behavior

RELATED BEHAVIORS

Tap fingers and feet
Fidget
Talk out of turn
Problems moving from unstructured to structured
Trouble following rules
Extreme anger outbursts

The wilderness program is set up to address these behaviors, particularly self-esteem, anger management, attention problems, noncompliance and failure to complete tasks, and motivation.

INTERVENTIONS FOR LOW SELF-ESTEEM

The entire 12-day session addresses issues of self-esteem. The child often needs to be center of attention and will go to great lengths to get it. Negative attention-seeking can be reduced by calling attention to areas of the child's strengths. Provide a safe space for trying new things and where failure can be viewed as a stepping stone. In climbing, falling teaches a person how far they can go and they have plenty of opportunity to try again.

Providing one-to-one interaction makes a child feel special. It is also important to recognize that attraction to novel stimulation can also lead to creativity and should be encouraged in positive ways. What is seen as bossiness should be recognized as leadership potential and each child should be given an opportunity to be a leader for some part of the program.

ANGER MANAGEMENT

Since these kids have difficulty inhibiting behavior, extreme anger outbursts are common. Yelling only escalates child's anger. It is important to talk to them in a calm voice. If possible, talk to them immediately. If not a short time out is often needed. They can go from ballistic one minute to happy go lucky the next. After they have had a chance to "chill out", talk to them about their anger and different ways that they could have responded.

These children often hit each other when angry. With one child, I asked him what happens when he hits someone and he responded that "they hit back". When I asked "then what do you do?", he said "hit them". "Then what?" This continued until I asked "what happens when adults do this?". And he said "they might end up in jail". When I asked him if he could think of other things he could do besides hit them, he responded "tell an adult - or just walk away". So, through a problem-solving process, he was able to come up with some alternative ways of dealing with his anger rather than hitting someone.

ATTENTION PROBLEMS

Since most of the students had attention problems, they needed novel and stimulating environments on a continual basis. Most of the programming took place outside of base camp. They learned to take turns "riding shotgun" and picking music to play in the vans. Music was extremely important when we were traveling as it tended to give them a focus and fewer behavior problems occurred.

Local areas of interest included Western Carolina University, where one of the interns played football and made

arrangements for them to play on the football field and take a tour of the fieldhouse. Another big hit was the remains of the train and bus wrecked during the filming of the movie "The Fugitive". The biggest attraction at an old historic home we took them to were hundreds of bats up in the crevices which they were able to shine their flashlights on. During these trips, clear rules and structure were needed with lots of rewards for good behavior.

The inability to focus and being easily distracted which are characteristics of ADD can result in students missing directions. In some instances, this can be a safety issue. Rock climbing was one of the first things we did. It provided structured risk activity and helped to improve the ability to focus on instruction. Fear is a great motivator and helped the attention factor. It is important to break tasks into smaller ones. Rappeling and knot clinics were held at base camp. Then at the climbing site, we used as few words as possible to explain tasks and then they were asked to repeat the instructions. They were involved in the actual activity as soon as possible.

NONCOMPLIANCE AND FAILURE TO COMPLETE TASK

Children with ADD often have problems moving from UNSTRUCTURED TO STRUCTURED experiences. Planning is difficult and they often need this done for them. It is essential that disorganization is not reason for failure to complete task Each cabin had a picture of backpack with the items needed written on it. Those with ADD are visual learners. When packing for a trip, staff talked through each item and before moving on to the next, checked on each child to make sure the item actually got in their pack.

The students were involved in various aspects of planning process of backpacking phase. Since one goal was to increase independence, they did their own laundry twice during the 12 day session, went on "food buys" for the backpacking trip, packed food prior to the trip, and were involved in choosing where they would be going from several options.

Problem solving skills for youth with ADD can often be described as READY -- FIRE --- OOPS --- AIM. Allowing for natural consequences is an important part of learning better problem solving skills.

MOTIVATION

The final phase, whitewater, included stream exploration which they loved. If these students find something they enjoy, they usually have no problem persisting in the tasks. They are often fascinated with nature, especially anything that moved. I took one young man who was too small to whitewater raft,

according the standards set by the rafting outfitters, fishing for an afternoon. Anticipating a short attention span, I filled my pack with all kinds of activities. To my amazement he fished and played in the water all afternoon, needing my help only to change tackle.

I took an older group of boys to Shining Rock Wilderness Area where we climbed all over a huge quartz rock and then settled down for some creative writing and drawing. All of them participated, pretty amazing when one remembers that these are "tough guys", some who have had problems with the law. Providing lots of encouragement, motivation, and incentive can result in very positive results. One of these students, a young man whose academic record was very poor until his parents found a private school which focuses on kids with learning disabilities and attention problems, was fascinated with this area. I had trouble convincing him it was time to leave. He was asked to return the next session in a leadership role.

After the first session of this program, a letter was received from a parent. Excerpts from this letter include, "I would never have believed it if someone said 12 days would have such a positive impact on my son's (and our) life. _____ came home with a positive attitude, follows directions somewhat better, and shows improved interaction and verbal skills. He is attending a day camp where the counselors related that instead of _____ slugging or yelling at another child who was verbally abusing him -- he actually walked away and told a counselor. This is a major step forward for a child who believes "Do unto others....." We look forward to the July session. _____ will definitely participate in future programs and we will recommend you to the numerous folks who have ADD or ADHD special kids on their hands, and in their tree, and doing handstands on their couches....My husband and I have decided to adopt all of you!"